



07-15-03

3761 \$

**TRANSMITTAL
FORM**

(To be used for all correspondence after initial filing)

Application Number	09/586,054
Filing Date	June 2, 2000
Confirmation Number	5574
Inventor(s)	HILL et al.
Group Art Unit	3761
Examiner	Erezo, D.
Attorney Docket No.	98-37 RCE
Express Mail Label No.: EV 196251650 US	
Total Number of Pages in This Submission:	27

ENCLOSURES (check all that apply)


<input checked="" type="checkbox"/> Fee Transmittal Form (submit in duplicate) <input type="checkbox"/> Fee Attached \$ <input type="text"/> Check No.: <input type="text"/>	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Cover Sheet <input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s) <input type="checkbox"/> Request for Return of PTO-1449 Forms <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> To Convert a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Address <input type="checkbox"/> Terminal Disclaimer(s) <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Certificate of Mailing by Express Mail	<input type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> Status Request Letter <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund <input type="checkbox"/> Response to Missing Parts / Incomplete Application
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s)		
<input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Search report		
<input type="checkbox"/> Drawing(s): Number of Pages _____ Number of Figs. _____ and cover sheet <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Other Enclosure(s): _____	

RECEIVED**Current Due Date:** August 9, 2003 (one month extended)**JUL 23 2003****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

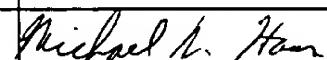
Individual and Company	Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668	TECHNOLOGY CENTER R3700
Signature	<i>Michael W. Haas</i>	
Date	July 14, 2003	

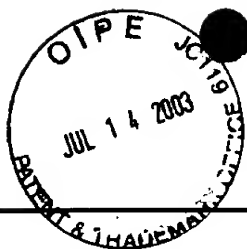
CERTIFICATE OF MAILING

I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: <u>July 14, 2003</u> , Express Mail Label No. <u>EV 196251650 US</u> .			
Typed Name	Michael W. Haas, Reg. No. 35,174		
Signature	<i>Michael W. Haas</i>	Date	July 14, 2003

 FEE TRANSMITTAL (Effective 01/01/2003)	Application Number	09/586,054	
	Filing Date	June 2, 2000	
	First Named Inventor	HILL et al.	
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"Express Mail" Label No. EV 196251650 US	Examiner's Name	Erezo, D.	
TOTAL AMOUNT OF PAYMENT	\$ 110.00	Attorney Docket No.	98-37 RCE

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																																																																																																																															
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 50-0558</p> <p>Deposit Account Name: Respironics, Inc.</p> <p><input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17 and 1.20</p> <p><input type="checkbox"/> Charge the Issue Fee set forth in 37 C.F.R. § 1.18</p> <p>2. <input type="checkbox"/> Payment Enclosed: Check (Check No. _____)</p>	<p>3. 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1204	84	2204	42	Reissue independent claims over original patent																																																																																																																																																																																																																																																												
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